

If you are unable to pay your full balance at this time, please contact our business office to discuss alternative payment arrangements.

## HOW TO REACH US

Questions About Your Bill?



Please call the number listed on the front of this document.



**Tufts Medical Center**  
800 Washington Street  
Box 1005  
Boston, MA 02111-1526

### NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE

The Hospital provides financial assistance for medically necessary services for United States residents who cannot afford to pay based on the below Federal Poverty Guideline.

#### Financial Assistance for Low Income Patients as of 2018

For Financial Assistance  
Information for  
Tufts Medical Center,  
Please Call:  
617-636-6013

Size of Family Unit	Full Assistance up to these income levels	Partial Assistance up to these income levels
1	\$18,216.00	\$36,420.00
2	\$24,696.00	\$49,380.00
3	\$31,176.00	\$62,340.00
4	\$37,656.00	\$75,300.00

Alternative assistance may also be available through various public assistance programs, in cases of additional financial need or medical hardship.

PLEASE CONTACT US IF YOU WOULD  
LIKE MORE INFORMATION.

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